

B & J Enterprises, L.C.

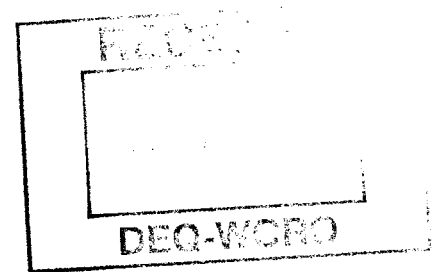
3807 Brandon Avenue, S.W.
Suite #245
Roanoke, Virginia 24018
Phone (540) 989-3653

original

May 20, 2008

Becky L. France, EES
Department of Environmental Quality
West Central Regional Office
3019 Peters Creek Road
Roanoke, VA 24019

Re: VPDES Permit No. VA0027481
Blacksburg Country Club Estates WWTP
Request for Waivers



Dear Becky France:

Thank you for your follow-up letter dated March 27, 2008 with the list of deficiencies in our application. Thank you for continuing to help with our Discharge Permit. B&J Enterprises, LC wishes to request the following waivers with respect to this Discharge Permit Application:

1. Request for Waiver to allow TSS and BOD5 be performed on a grab sample in lieu of 24-hour composite samples because the permit requires grab samples.
2. Request for Waiver to submit previously submitted E. coli data instead of fecal coliform data.
3. Request for Waiver for daily data collection of Flow, ph, and chlorine on Sundays and Holidays.
4. Request for Waiver of data required on page 3 of the Sewage Sludge Application Form since the sewage sludge will be hauled to a wastewater treatment plant for further treatment the data are not of material importance to the permit.

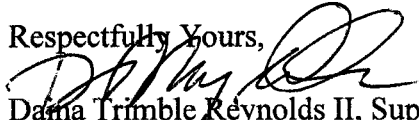
Also, please note that the Closure Plan Financial Assurance Mechanism has been increased from the last permit. The Closure Plan is the same, but the amount has been increased from \$25,000 to \$50,000. This amount is a more realistic and accurate amount to cover the current expenses of the Plan. The status of the funding is current. Upon approval of the increased

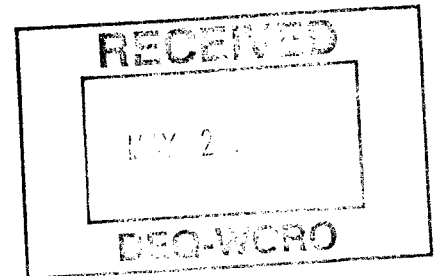
amount, B&J Enterprises, LC will apply to the State Corporation Commission for a five year extension of the currently approved financial assurance mechanism, and collect it accordingly.

B&J Enterprises, LC is not planning an expansion to the treatment facility. We are currently operating at approximately one third of the current permit capacity. This remaining capacity will allow for the remaining lots in the development to be serviced by the system.

Thank you for this opportunity to address all the deficiencies listed in your letter, thus completing our application.

Respectfully Yours,


Dana Trimble Reynolds II, Supt.
B&J Enterprises, LC



B & J Enterprises, L.C.

3807 Brandon Avenue, S.W.
Suite #245
Roanoke, Virginia 24018
Phone (540) 989-3653



Extended Aeration Closure Plan

B&J Enterprises, L.C.
Blacksburg Country Club Estates WWTP
Blacksburg, VA

Extended Aeration History and General Data

The Blacksburg Country Club Estates WWTP Extended Aeration System with post chlorinator and de-chlorination currently requires a Closure Plan for the Application of its VPDES Permit. There is no intention to actually close the facility by the current owners of the facility in the foreseeable future. The facility is located in the Ellett Valley of Montgomery County. It currently serves 155 residential customers and one commercial customer. The outfall is near the North Fork of the Roanoke River. The system was completed in 1999, and is currently permitted under VPDES Permit No. VA0027481. The discharge limit is not to exceed 0.035 MGD. If this plan is implemented, it will be when B&J Enterprises, L.C. becomes financially insolvent or unavailable.

Radical Closure and removal of the plant is not an option due to the large number of permanent residences in the vicinity coupled with soil conditions that preclude individual septic drain fields. This situation gives rise to three options for the system upon failure of the current utility company. These options are sale of the utility company, transfer of the utility company to the Montgomery County PSA, or connection to another system.

Sale of the Utility Company

Upon failure of the utility company and implementation of the Plan, the utility company would be offered for sale to private individuals or a corporation. Sale of the utility would be upon the approval of the State Corporation Commission. Permits, deeds, easements and accounting would be transferred in a timely manner which would not exceed the two year permit closure time frame. Sale would be by sales contract completed by Reynolds Farms/Daina Reynolds, contract closure plan implementer.

Transfer of the Utility Company

Upon failure of the company and implementation of the plan, the utility company may be transferred to the Montgomery County PSA. In this scenario, the utility company would rely upon the charter of the MCPSA which states that they are chartered to build and acquire WWTPs in Montgomery County. The Plan implementer would immediately apply for acquisition by the PSA. Permits, deeds, easements, and accounting would be transferred in a timely manner which would not exceed the two year closure time frame.

Connection to Adjacent System

Upon failure of the company and implementation of the Plan, the company may be connected to an adjacent system. In this scenario, the Number One Pumping Station would be used to pump pretreated waste into the Town of Blacksburg system and the utility would become a customer of the town, the town recently passed an ordinance allowing them to extend to customers outside their town limits.

This connection could be easily accomplished by the addition of one pumping station in the Nellies Cave Road area. Upon implementation of this plan the plan implementer would immediately apply for service and Extension of Mains which process would not exceed the two year closure plan time frame. The town of Blacksburg is adjacent to the Blacksburg Country Club Estates.

Implementation of the Plan

The plan will be implemented at the direction of the DEQ. The contract implementer of the plan will be Daina T. Reynolds II dba Reynolds Farms. Upon notification by the DEQ and release of the Closure Bond, Mr. Reynolds will execute the plan option or options which he deems most advantageous, accomplishable and prudent. The closure plan contract is attached as part of this plan. Upon notification by the DEQ and release of the Closure Bond, Mr. Reynolds would receive the utility company and immediately secure the books, records, revenues and accounts of the utility company. Mr. Reynolds will insure the ongoing operations of the utility company as the operator, superintendent and administrator of the utility company operations, and receiver of the business and assets. Mr. Reynolds is very knowledgeable and competent due to his intimate involvement with the utility company since it has been a regulated entity. Mr. Reynolds will continue with the management and operation of the utility company until relieved of his responsibilities by the completion of the closure plan. The utility company has every confidence in Mr. Reynolds' abilities as manager, operator, superintendent, plan implementer and receiver.

Bonding

Since the utility company will continue to collect revenues after the failure or insolvency of B&J Enterprises, LC, or operations are ceased by B&J Enterprises, LC, a competitive management fee will be paid to the receiver commensurate with the services rendered. A Closure Bond is currently established and funded through the surcharge approved by the State Corporation Commission. The amount of the Closure Bond will be \$50,000.00, fifty thousand dollars. The Closure Bond and related funds will be released to the contract plan implementer immediately upon implementation of the plan.

Cost Estimate

The cost to implement the closure plan will be \$50,000.00, fifty thousand dollars.

March 14, 2008

Contract for Closure Plan Implementation

B&J Enterprises, LC and Daina T. Reynolds II, dba Reynolds Farms, do hereby and herein contract the following:

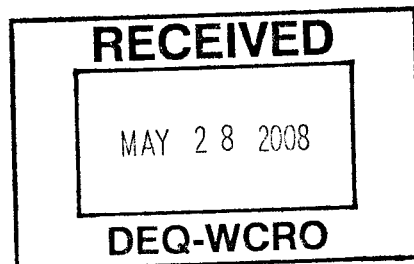
Daina T. Reynolds II dba Reynolds Farms will for the Closure Bond amount of \$50,000.00 with the Cost Index Increases and all related monies, and a competitive management fee will implement the Closure Plan approved by the Department of Environmental Quality. Mr Reynolds will perform or secure the duties of operator in charge, superintendent, implementer of the Closure Plan, administrator and receiver during the two year term of the Closure Plan.

E. H. Lester

E. H. Lester
Managing Partner
B&J Enterprises, LC

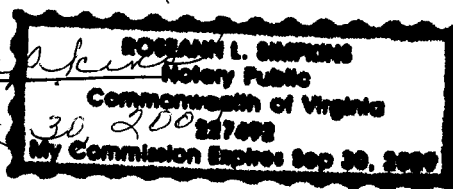
Daina T. Reynolds II

Daina T. Reynolds II
Owner
Reynolds Farms



Roseann L. Simpson
Notary

My commission expires: Sept 30, 2009



B & J Enterprises, L.C.

3807 Brandon Avenue, S.W.
Suite #245
Roanoke, Virginia 24018
Phone (540) 989-3653

BF

March 14, 2008

Becky L. France, EES
Department of Environmental Quality
West Central Regional Office
3019 Peters Creek Road
Roanoke, VA 24019



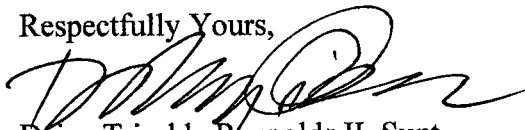
Re: VPDES Permit No. VA0027481
Permit Application

Dear Becky France:

Please consider this completed Permit Application for our discharge permit and Supplementary Information. If there are any further requirements or amendments, please contact me at 540-989-3653.

Thank you for your assistance with this Permit Application.

Respectfully Yours,


Daina Trimble Reynolds II, Supt.
B&J Enterprises, LC

B & J Enterprises, L.C.

3807 Brandon Avenue, S.W.
Suite #245
Roanoke, Virginia 24018
Phone (540) 989-3653



March 4, 2008

Commonwealth of Virginia
Becky L. France, EES
Department of Environmental Quality
West Central Regional Office
3019 Peters Creek Road
Roanoke, VA 24019

Re: VPDES Permit No. VA0027481
Permit Application
Request for Incremental Funding of Financial Assurance Mechanism

Dear Becky France:

Please consider this letter of Request for Incremental Funding of the required Financial Assurance Mechanism to execute the Closure Plan. The amount of the financial assurance mechanism will be fifty thousand dollars. The Utility Company will fund the plan over a period of ten years at \$5000 per year plus the cost index addition to the plan beginning in 2003. The plan will continue to be funded at the current rate until it matures. Payments will be made according to the current payment requirements imposed during the previous permit.

We are well within the guidelines of Guidance Memorandum No. 01-2002, Implementation Guidance for Financial Assurance Regulation, 9VAC 25-650-10 et seq. The mechanism funding approved by the State Corporation Commission, i.e. the surcharge, would continue to fund the Mechanism.

Thank you for your consideration and acceptance of this Letter of Request.

Respectfully Yours:

A handwritten signature in dark ink, appearing to read "Dana Trimble Reynolds II".

Dana Trimble Reynolds II, Supt.
B&J Enterprises, LC

FACILITY NAME AND PERMIT NUMBER: *VA0027481*

Shadesburg County Club WWTP

Form Approved 1/14/99
OMB Number 2040-0086

FORM

2A

NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

- A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to provide the information.
- E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 - 2. Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

FACILITY NAME AND PERMIT NUMBER:

Blackburn CC WWTP VA 0027481

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

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DEQ-WCRO

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

(All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.)

A.1. Facility Information.

Facility name

Blackburn County Club WWTP

Mailing Address

3807 BRANDON AVENUE, S.W. Suite 245
Roanoke, VA. 24018

Contact person

DAINA T. REYNOLDS #.

Title

SUPERINTENDENT

Telephone number

540-989-3653

Facility Address

Clubhouse Road, Blackburn County Club Estates
Blackburn, VA.

(not P.O. Box)

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name

B & J Enterprises, LC

Mailing Address

3807 BRANDON AVE. S.W. Suite 245
Roanoke, VA. 24018

Contact person

DAINA T. REYNOLDS #.

Title

SUPERINTENDENT

Telephone number

540-989-3653

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner

☒ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ facility

☒ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (Include state-issued permits).

NPDES

UIC

RCRA

PSD

Other

Other

VPDES No. VA 0027481

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name

Population Served

Type of Collection System

Ownership

BBCC Estates

156 res

GRAVITY + FORCE

B & J Enterprises, LC

BBCC

1

G & F

B & J Enterprises, LC

Total population served

157 customers

FACILITY NAME AND PERMIT NUMBER:

BRCC WWTP-VA 0027481

Form Approved 1/14/99
OMB Number 2040-0086

A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

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- A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- 0.035
- mgd

| | Two Years Ago | Last Year | This Year | |
|-----------------------------------|------------------|------------------|------------------|-----|
| b. Annual average daily flow rate | <u>35120 GPD</u> | <u>16540 GPD</u> | <u>15758 GPD</u> | mgd |
| c. Maximum daily flow rate | <u>0.171 MGD</u> | <u>0.103 MGD</u> | <u>0.028 MGD</u> | mgd |

- A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

| | |
|---|--------------|
| <input checked="" type="checkbox"/> Separate sanitary sewer | <u>100</u> % |
| <input type="checkbox"/> Combined storm and sanitary sewer | <u>0</u> % |

A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.?

☒ Yes ☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

- i. Discharges of treated effluent

1

- ii. Discharges of untreated or partially treated effluent

0

- iii. Combined sewer overflow points

0

- iv. Constructed emergency overflows (prior to the headworks)

0

- v. Other _____

0

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?

☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

- c. Does the treatment works land-apply treated wastewater?

☐ Yes ☒ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?

☒ Yes ☐ No

FACILITY NAME AND PERMIT NUMBER:

BRCC WWTTP VA0027481

Form Approved 1/14/99
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If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

TANK TRUCK

If transport is by a party other than the applicant, provide:

Transporter name:

HALL'S SEPTIC SERVICE

Mailing Address:

211 Willowbrook Lane
Roanoke, VA. 24012

Contact person:

BILL HALL

Title:

OWNER

Telephone number:

540-977-7684

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For each treatment works that receives this discharge, provide the following:

Name:

Roanoke Regional Water Pollution Control Plant

Mailing Address:

1402 Remington St.
Roanoke, VA. 24014

Contact person:

Martin Sennabron

Title:

Prevention Co-ordinator

Telephone number:

540-853-2406

If known, provide the NPDES permit number of the treatment works that receives this discharge.

VA0025020

Provide the average daily flow rate from the treatment works into the receiving facility.

0.0001 mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

☒ Yes

☐ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Montgomery Regional Landfill

Annual daily volume disposed of by this method:

Less than 5 lbs.

Is disposal through this method

☐ continuous or

☒ intermittent?

FACILITY NAME AND PERMIT NUMBER:

BRCC WWTP VA 0027481

Form Approved 1/14/99
OMB Number 2040-0086

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "No" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

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A.9. Description of Outfall.

a. Outfall number

01

b. Location

Blacksburg, VA.

24060

(City or town, if applicable)

(Zip Code)

(County)

Montgomery, VA.

(State)

(Latitude)

37° 12' 30" S

(Longitude)

80° 21' 00" W

c. Distance from shore (if applicable)

ft.

d. Depth below surface (if applicable)

ft.

e. Average daily flow rate

0.015

mgd

f. Does this outfall have either an intermittent or a periodic discharge?

Yes

No

(go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs:

Average duration of each discharge:

Average flow per discharge:

mgd

Months in which discharge occurs:

g. Is outfall equipped with a diffuser?

Yes

No

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DEQ-WCRO

A.10. Description of Receiving Waters.

a. Name of receiving water

North Fork of the Roanoke River

b. Name of watershed (if known)

UPPER Roanoke

United States Soil Conservation Service 14-digit watershed code (if known):

102-030101010

c. Name of State Management/River Basin (if known):

Roanoke River Basin

United States Geological Survey 8-digit hydrologic cataloging unit code (if known):

03010101

d. Critical low flow of receiving stream (if applicable):

acute 2.58 cfs

chronic 2.78 cfs

e. Total hardness of receiving stream at critical low flow (if applicable): 232 mg/l of CaCO₃

FACILITY NAME AND PERMIT NUMBER:

BRCC WWTP VA 0027481

Form Approved 1/14/99
OMB Number 2040-0085

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DEQ-WCRO

A.11. Description of Treatment.

- a. What levels of treatment are provided? Check all that apply.

☒ Primary ☒ Secondary
☐ Advanced ☐ Other. Describe:

Post chlorination + Dechlorination

- b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal 98 %
 Design SS removal 98 %
 Design P removal 98 %
 Design N removal 98 %
 Other None %

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Chlorination

If disinfection is by chlorination, is dechlorination used for this outfall?

☒ Yes ☐ No
☐ Yes ☒ No

- d. Does the treatment plant have post aeration?

☐ Yes ☒ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number:

01

| PARAMETER | MAXIMUM DAILY VALUE | | AVERAGE DAILY VALUE | | |
|----------------------|---------------------|-------|---------------------|-------|-------------------|
| | Value | Units | Value | Units | Number of Samples |
| pH (Minimum) | 6.8 | S.U. | | | |
| pH (Maximum) | 8.8 | S.U. | | | |
| Flow Rate | 0.247 | MGD | 0.0165 | MGD | 365 |
| Temperature (Winter) | 12.0 | °C | 10.5 | °C | 59 |
| Temperature (Summer) | 25.1 | °C | 22.9 | °C | 62 |

* For pH please report a minimum and a maximum daily value

| POLLUTANT | MAXIMUM DAILY DISCHARGE | | AVERAGE DAILY DISCHARGE | | | ANALYTICAL METHOD | ML / MDL |
|-----------|-------------------------|-------|-------------------------|-------|-------------------|-------------------|----------|
| | Conc. | Units | Conc. | Units | Number of Samples | | |

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

| | | | | | | | | |
|--|--------|--------|-------|-------|-------|----|--------------|---|
| BIOCHEMICAL OXYGEN DEMAND (Report one) | BOD-5 | 53 | mg/L | 12 | mg/L | 47 | Sm 52108 | 2 |
| | CBOD-5 | | | | | | | |
| * FECAL COLIFORM | | >=1600 | N/CML | >=768 | N/CML | 65 | Sm 9221, C.E | 2 |
| TOTAL SUSPENDED SOLIDS (TSS) | | 78 | mg/L | 13 | mg/L | 45 | EPA 160.2 | 4 |

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

* Calculate geometric mean as average daily discharge

FACILITY NAME AND PERMIT NUMBER:

BBCCWWTP VA0027481

N/A

Form Approved 1/14/99
OMB Number 2040-0086

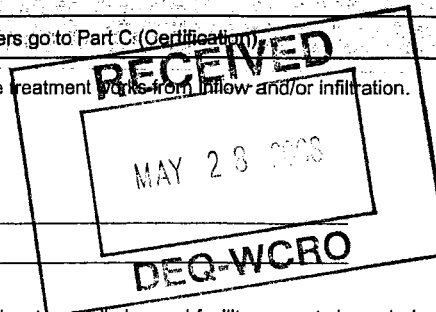
BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.
_____ gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.



B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g. chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes ☐ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

- b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

☐ Yes ☐ No

FACILITY NAME AND PERMIT NUMBER:

BRCL WWTP VA 0027481

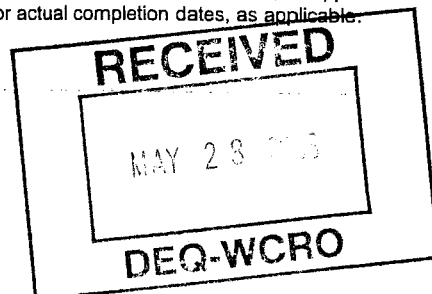
N/A.

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- c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

- d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

| Implementation Stage | Schedule MM/DD/YYYY | Actual Completion MM/DD/YYYY |
|----------------------------|------------------------|---------------------------------|
| - Begin construction | ___/___/___ | ___/___/___ |
| - End construction | ___/___/___ | ___/___/___ |
| - Begin discharge | ___/___/___ | ___/___/___ |
| - Attain operational level | ___/___/___ | ___/___/___ |



- e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: _____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

N/A

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: _____

| POLLUTANT | MAXIMUM DAILY DISCHARGE | | AVERAGE DAILY DISCHARGE | | | ANALYTICAL METHOD | ML / MDL |
|---|-------------------------|-------|-------------------------|-------|-------------------|-------------------|----------|
| | Conc: | Units | Conc: | Units | Number of Samples | | |
| CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS. | | | | | | | |
| AMMONIA (as N) | | | | | | | |
| CHLORINE (TOTAL RESIDUAL, TRC) | | | | | | | |
| DISSOLVED OXYGEN | | | | | | | |
| TOTAL KJELDAHL NITROGEN (TKN) | | | | | | | |
| NITRATE PLUS NITRITE NITROGEN | | | | | | | |
| OIL and GREASE | | | | | | | |
| PHOSPHORUS (Total) | | | | | | | |
| TOTAL DISSOLVED SOLIDS (TDS) | | | | | | | |
| OTHER | | | | | | | |

END OF PART B.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

BRCC WWTP VA-0027481

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BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

☒ Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)

☐ Part E (Toxicity Testing: Biomonitoring Data)

☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

☐ Part G (Combined Sewer Systems)

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ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title

E. H. Lester

Signature

E. H. Lester

Telephone number

540-989-3653

Date signed

3/8/2008

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
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SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each pollutant through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

| POLLUTANT | MAXIMUM DAILY DISCHARGE | | | | AVERAGE DAILY DISCHARGE | | | | | ANALYTICAL METHOD | ML/MDL |
|-----------|-------------------------|-------|------|-------|-------------------------|-------|------|-------|-------------------|-------------------|--------|
| | Conc. | Units | Mass | Units | Conc. | Units | Mass | Units | Number of Samples | | |

METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.

| | | | | | | | | | | | |
|----------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| ANTIMONY | | | | | | | | | | | |
| ARSENIC | | | | | | | | | | | |
| BERYLLIUM | | | | | | | | | | | |
| CADMIUM | | | | | | | | | | | |
| CHROMIUM | | | | | | | | | | | |
| COPPER | | | | | | | | | | | |
| LEAD | | | | | | | | | | | |
| MERCURY | | | | | | | | | | | |
| NICKEL | | | | | | | | | | | |
| SELENIUM | | | | | | | | | | | |
| SILVER | | | | | | | | | | | |
| THALLIUM | | | | | | | | | | | |
| ZINC | | | | | | | | | | | |
| CYANIDE | | | | | | | | | | | |
| TOTAL PHENOLIC COMPOUNDS | | | | | | | | | | | |
| HARDNESS (AS CaCO ₃) | | | | | | | | | | | |

Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.

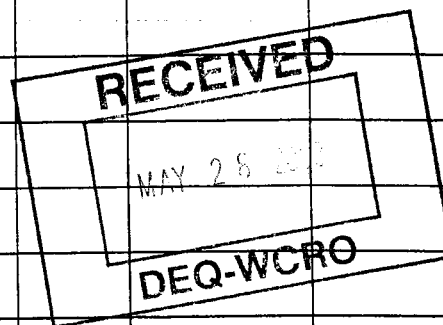
FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

BBCL WWTP VA 0027481

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

| POLLUTANT | MAXIMUM DAILY DISCHARGE | | | | AVERAGE DAILY DISCHARGE | | | | ANALYTICAL METHOD | ML/MDL |
|-----------------------------|-------------------------|-------|------|-------|-------------------------|-------|------|-------|-------------------|--------|
| | Conc. | Units | Mass | Units | Conc. | Units | Mass | Units | | |
| VOLATILE ORGANIC COMPOUNDS. | | | | | | | | | | |
| ACROLEIN | | | | | | | | | | |
| ACRYLONITRILE | | | | | | | | | | |
| BENZENE | | | | | | | | | | |
| BROMOFORM | | | | | | | | | | |
| CARBON TETRACHLORIDE | | | | | | | | | | |
| CLOROBENZENE | | | | | | | | | | |
| CHLORODIBROMO-METHANE | | | | | | | | | | |
| CHLOROETHANE | | | | | | | | | | |
| 2-CHLORO-ETHYL VINYL ETHER | | | | | | | | | | |
| CHLOROFORM | | | | | | | | | | |
| DICHLOROBROMO-METHANE | | | | | | | | | | |
| 1,1-DICHLOROETHANE | | | | | | | | | | |
| 1,2-DICHLOROETHANE | | | | | | | | | | |
| TRANS-1,2-DICHLORO-ETHYLENE | | | | | | | | | | |
| 1,1-DICHLOROETHYLENE | | | | | | | | | | |
| 1,2-DICHLOROPROPANE | | | | | | | | | | |
| 1,3-DICHLORO-PROPYLENE | | | | | | | | | | |
| ETHYLBENZENE | | | | | | | | | | |
| METHYL BROMIDE | | | | | | | | | | |
| METHYL CHLORIDE | | | | | | | | | | |
| METHYLENE CHLORIDE | | | | | | | | | | |
| 1,1,2,2-TETRACHLORO-ETHANE | | | | | | | | | | |
| TETRACHLORO-ETHYLENE | | | | | | | | | | |
| TOLUENE | | | | | | | | | | |



FACILITY NAME AND PERMIT NUMBER:

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Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

| POLLUTANT | MAXIMUM DAILY DISCHARGE | | | | AVERAGE DAILY DISCHARGE | | | | | ANALYTICAL METHOD | ML/MDL |
|-----------------------|-------------------------|-------|------|-------|-------------------------|-------|------|-------|-------------------|-------------------|--------|
| | Conc. | Units | Mass | Units | Conc. | Units | Mass | Units | Number of Samples | | |
| 1,1,1-TRICHLOROETHANE | | | | | | | | | | | |
| 1,1,2-TRICHLOROETHANE | | | | | | | | | | | |
| TRICHLOROETHYLENE | | | | | | | | | | | |
| VINYL CHLORIDE | | | | | | | | | | | |

Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.

ACID-EXTRACTABLE COMPOUNDS

P-CHLORO-M-CRESOL

2-CHLOROPHENOL

2,4-DICHLOROPHENOL

2,4-DIMETHYLPHENOL

4,6-DINITRO-O-CRESOL

2,4-DINITROPHENOL

2-NITROPHENOL

4-NITROPHENOL

PENTACHLOROPHENOL

PHENOL

2,4,6-TRICHLOROPHENOL

Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.

BASE-NEUTRAL COMPOUNDS

ACENAPHTHENE

ACENAPHTHYLENE

ANTHRACENE

BENZIDINE

BENZO(A)ANTHRACENE

| | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|--|
| BENZO(A)PYRENE | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|--|

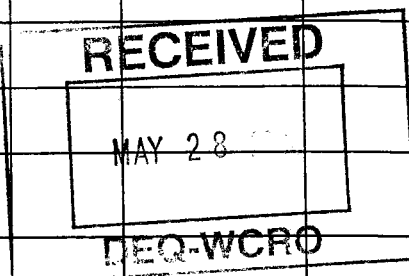
FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

BBC WWSR VA002748

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

| POLLUTANT | MAXIMUM DAILY DISCHARGE | | | | AVERAGE DAILY DISCHARGE | | | | | ANALYTICAL METHOD | ML/MDL |
|--------------------------------|-------------------------|-------|------|-------|-------------------------|-------|------|-------|-------------------|-------------------|--------|
| | Conc. | Units | Mass | Units | Conc. | Units | Mass | Units | Number of Samples | | |
| 3,4 BENZO-FLUORANTHENE | | | | | | | | | | | |
| BENZO(GH)PERYLENE | | | | | | | | | | | |
| BENZO(K)FLUORANTHENE | | | | | | | | | | | |
| BIS (2-CHLOROETHOXY) METHANE | | | | | | | | | | | |
| BIS (2-CHLOROETHYL)-ETHER | | | | | | | | | | | |
| BIS (2-CHLOROISO-PROPYL) ETHER | | | | | | | | | | | |
| BIS (2-ETHYLHEXYL) PHTHALATE | | | | | | | | | | | |
| 4-BROMOPHENYL PHENYL ETHER | | | | | | | | | | | |
| BUTYL BENZYL PHTHALATE | | | | | | | | | | | |
| 2-CHLORONAPHTHALENE | | | | | | | | | | | |
| 4-CHLORPHENYL PHENYL ETHER | | | | | | | | | | | |
| CHRYSENE | | | | | | | | | | | |
| DI-N-BUTYL PHTHALATE | | | | | | | | | | | |
| DI-N-OCTYL PHTHALATE | | | | | | | | | | | |
| DIBENZO(A,H) ANTHRACENE | | | | | | | | | | | |
| 1,2-DICHLOROBENZENE | | | | | | | | | | | |
| 1,3-DICHLOROBENZENE | | | | | | | | | | | |
| 1,4-DICHLOROBENZENE | | | | | | | | | | | |
| 3,3-DICHLOROBENZIDINE | | | | | | | | | | | |
| DIETHYL PHTHALATE | | | | | | | | | | | |
| DIMETHYL PHTHALATE | | | | | | | | | | | |
| 2,4-DINITROTOLUENE | | | | | | | | | | | |
| 2,6-DINITROTOLUENE | | | | | | | | | | | |



1,2-DIPHENYLHYDRAZINE

FACILITY NAME AND PERMIT NUMBER:

BBCL WWTP VA 90 27481

Form Approved 1/14/99
OMB Number 2040-0086

N/A

Outfall number: (Complete once for each outfall discharging effluent to waters of the United States.)

| POLLUTANT | MAXIMUM DAILY DISCHARGE | | | | AVERAGE DAILY DISCHARGE | | | | | ANALYTICAL METHOD | ML/MDL |
|----------------------------|-------------------------|-------|------|-------|-------------------------|-------|------|-------|-------------------|-------------------|--------|
| | Conc. | Units | Mass | Units | Conc. | Units | Mass | Units | Number of Samples | | |
| FLUORANTHENE | | | | | | | | | | | |
| FLUORENE | | | | | | | | | | | |
| HEXACHLOROBENZENE | | | | | | | | | | | |
| HEXACHLOROBUTADIENE | | | | | | | | | | | |
| HEXACHLOROCYCLO-PENTADIENE | | | | | | | | | | | |
| HEXACHLOROETHANE | | | | | | | | | | | |
| INDENO(1,2,3-CD)PYRENE | | | | | | | | | | | |
| ISOPHORONE | | | | | | | | | | | |
| NAPHTHALENE | | | | | | | | | | | |
| NITROBENZENE | | | | | | | | | | | |
| N-NITROSODI-N-PROPYLAMINE | | | | | | | | | | | |
| N-NITROSODI-METHYLAMINE | | | | | | | | | | | |
| N-NITROSODI-PHENYLAMINE | | | | | | | | | | | |
| PHENANTHRENE | | | | | | | | | | | |
| PYRENE | | | | | | | | | | | |
| 1,2,4-TRICHLOROBENZENE | | | | | | | | | | | |

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Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.

Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

BSBCC WWTP VA 0027481

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N/A

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species) or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.

- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

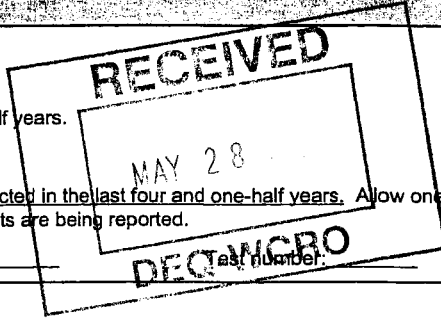
Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

_____ chronic _____ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: _____

Test number: _____



a. Test information.

| | | | |
|-----------------------------------|--|--|--|
| Test species & test method number | | | |
| Age at initiation of test | | | |
| Outfall number | | | |
| Dates sample collected | | | |
| Date test started | | | |
| Duration | | | |

b. Give toxicity test methods followed.

| | | | |
|--|--|--|--|
| Manual title | | | |
| Edition number and year of publication | | | |
| Page number(s) | | | |

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

| | | | |
|-------------------|--|--|--|
| 24-Hour composite | | | |
| Grab | | | |

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

| | | | |
|----------------------|--|--|--|
| Before disinfection | | | |
| After disinfection | | | |
| After dechlorination | | | |

FACILITY NAME AND PERMIT NUMBER:

BCL WWTP VA0027451

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Test number: _____

Test number: _____

Test number: _____

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity

Acute toxicity

g. Provide the type of test performed.

Static

Static-renewal

Flow-through

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h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water

Receiving water

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water

Salt water

j. Give the percentage effluent used for all concentrations in the test series.

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH

Salinity

Temperature

Ammonia

Dissolved oxygen

l. Test Results.

Acute:

Percent survival in 100%
effluent

%

%

%

LC₅₀

95% C.I.

%

%

%

Control percent survival

%

%

%

Other (describe)

FACILITY NAME AND PERMIT NUMBER:

BBCC WWTP VA 0022481

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Chronic:

| | | | |
|--------------------------|---|---|---|
| NOEC | % | % | % |
| IC ₂₅ | % | % | % |
| Control percent survival | % | % | % |
| Other (describe) | | | |

m. Quality Control/Quality Assurance.

| | | | |
|---|--|--|--|
| Is reference toxicant data available? | | | |
| Was reference toxicant test within acceptable bounds? | | | |
| What date was reference toxicant test run (MM/DD/YYYY)? | | | |
| Other (describe) | | | |

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E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

___ Yes ___ No

If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

END OF PART E:
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE.

FACILITY NAME: BRCC WWTP

VPDES PERMIT NUMBER: VA 0027481

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

READING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? ☒ Yes ☐ No

Will this facility derive a material from sewage sludge? ☐ Yes ☒ No

If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? ☐ Yes ☒ No

Will sewage sludge from this facility be applied to the land? ☐ Yes ☒ No

If you answered No to both questions above, skip Section C.

If you answered Yes to either, answer the following three questions:

a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
☐ Yes ☐ No UNKNOWN

b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? ☐ Yes ☒ No

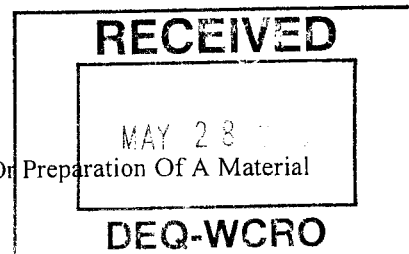
c. Will sewage sludge from this facility be sent to another facility for treatment or blending? ☒ Yes ☐ No

If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? ☐ Yes ☒ No

If Yes, complete Section D (Surface Disposal).



FACILITY NAME AND PERMIT NUMBER:

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BBCC WWTB VA 1027481

N/A

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

☐ Yes ☐ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs.

b. Number of CIUs.

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SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name:

Mailing Address:

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s):

Raw material(s):

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____ continuous or _____ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____ continuous or _____ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☐ Yes ☐ No

b. Categorical pretreatment standards ☐ Yes ☐ No

If subject to categorical pretreatment standards, which category and subcategory?

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

BBCC WWSR 0027481

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☐ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?
☐ Yes ☐ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

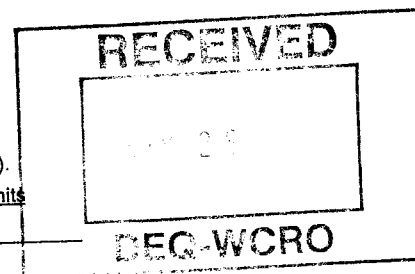
☐ Truck ☐ Rail ☐ Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number

Amount

Units



CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

☐ Yes (complete F.13 through F.15.) ☐ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

☐ Yes ☐ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

☐ Continuous ☐ Intermittent

If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

B6CC WWSR 0027481

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

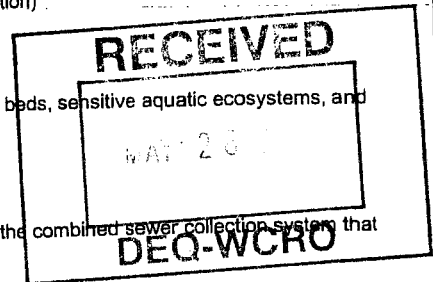
If the treatment works has a combined sewer system, complete Part G.

G.1. **System Map.** Provide a map indicating the following: (may be included with Basic Application Information)

- All CSO discharge points.
- Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
- Waters that support threatened and endangered species potentially affected by CSOs.

G.2. **System Diagram.** Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

- Locations of major sewer trunk lines, both combined and separate sanitary.
- Locations of points where separate sanitary sewers feed into the combined sewer system.
- Locations of in-line and off-line storage structures.
- Locations of flow-regulating devices.
- Locations of pump stations.



CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. **Description of Outfall.**

- Outfall number _____
- Location _____
(City or town, if applicable) (Zip Code) _____
(County) (State) _____
(Latitude) (Longitude) _____
- Distance from shore (if applicable) _____ ft.
- Depth below surface (if applicable) _____ ft.
- Which of the following were monitored during the last year for this CSO?
____ Rainfall ____ CSO pollutant concentrations ____ CSO frequency
____ CSO flow volume ____ Receiving water quality
- How many storm events were monitored during the last year? _____

G.4. **CSO Events.**

- Give the number of CSO events in the last year.
_____ events (____ actual or ____ approx.)
- Give the average duration per CSO event.
_____ hours (____ actual or ____ approx.)

FACILITY NAME AND PERMIT NUMBER:

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OMB Number 2040-0086

BBC WWTP 0022481

- c. Give the average volume per CSO event.
_____ million gallons (_____ actual or _____ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year.
_____ inches of rainfall

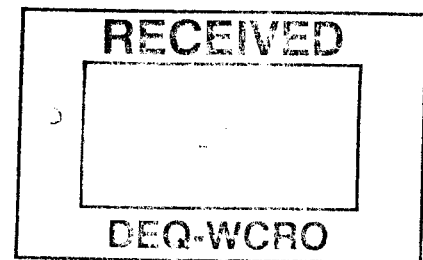
G.5. Description of Receiving Waters.

- a. Name of receiving water: _____
- b. Name of watershed/river/stream system: _____
United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin: _____
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.



FACILITY NAME: B&J Enterprises, L.C.

VPDES PERMIT NUMBER: VA0027481

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

CREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? ☒ Yes ☐ No

Will this facility derive a material from sewage sludge? ☐ Yes ☒ No

If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? ☐ Yes ☒ No

Will sewage sludge from this facility be applied to the land? ☐ Yes ☒ No

If you answered No to both questions above, skip Section C.

If you answered Yes to either, answer the following three questions:

a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?

☐ Yes ☐ No UNKNOWN

b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? ☐ Yes ☒ No

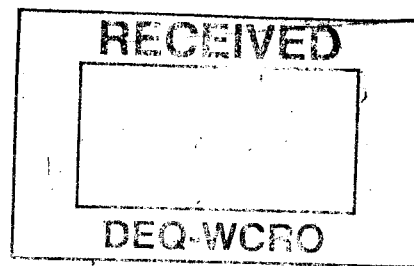
c. Will sewage sludge from this facility be sent to another facility for treatment or blending? ☒ Yes ☐ No

If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? ☐ Yes ☒ No

If Yes, complete skip Section D (Surface Disposal).



skip C
skip D

FACILITY NAME: B & J EnterprisesVPDES PERMIT NUMBER: VA0027481

SECTION A. GENERAL INFORMATION

If applicants must complete this section.

1. Facility Information.

- a. Facility name: B & J Enterprises, L.C.
- b. Contact person: DAINA T. ZAGYNOLDS II
Title: Superintendent
Phone: (540) 989-5201 540-989-3268 (FAX)
- c. Mailing address:
Street or P.O. Box: 3807 BRANDON AVE. SW.
City or Town: ROANOKE State: VA. Zip: 24018
- d. Facility location:
Street or Route #: Clubhouse Rd.
County: Montgomery
City or Town: Blacksburg State: VA. Zip: 24060
- e. Is this facility a Class I sludge management facility? Yes ☐ No ☒
- f. Facility design flow rate: 0.035 mgd
- g. Total population served: 157 customers
- h. Indicate the type of facility:
☐ Publicly owned treatment works (POTW)
☒ Privately owned treatment works
☐ Federally owned treatment works
☐ Blending or treatment operation
☐ Surface disposal site
☐ Other (describe): _____

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Applicant Information. If the applicant is different from the above, provide the following:

- a. Applicant name: Shirley M. Dyer
- b. Mailing address:
Street or P.O. Box: _____
City or Town: _____ State: _____ Zip: _____
- c. Contact person: _____
Title: _____
Phone: () _____
- d. Is the applicant the owner or operator (or both) of this facility?
☒ owner ☒ operator
- e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)
☐ facility ☒ applicant

3. Permit Information.

- a. Facility's VPDES permit number (if applicable): VA0027481
- b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:
Permit Number: _____ Type of Permit: _____

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? Yes ☐ No ☒ If yes, describe:

FACILITY NAME: BBCC WWTP

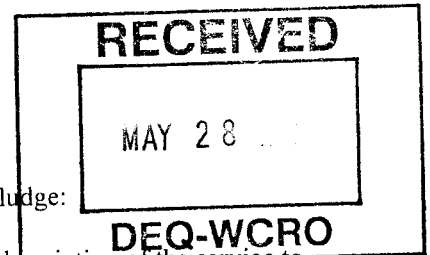
VPDES PERMIT NUMBER: VA0027481

5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
- Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
 - Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.

6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.

7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? ☒ Yes ☐ No
If yes, provide the following for each contractor (attach additional pages if necessary).

Name: Halls Septic Service
Mailing address:
Street or P.O. Box: 211 Willowbrook Lane
City or Town: Portsmouth State: VA Zip: 24012
Phone: (540) 977-7684
Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:



If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

| POLLUTANT | CONCENTRATION (mg/kg dry weight) | SAMPLE DATE | ANALYTICAL METHOD | DETECTION LEVEL FOR ANALYSIS |
|------------|-------------------------------------|----------------|----------------------|---------------------------------|
| Arsenic | | | | |
| Cadmium | | | | |
| Chromium | | | | |
| Copper | | | | |
| Lead | | | | |
| Mercury | | | | |
| Molybdenum | | | | |
| Nickel | | | | |
| Selenium | | | | |
| Zinc | | | | |

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

- ☒ Section A (General Information)
☒ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
☐ Section C (Land Application of Bulk Sewage Sludge)
☐ Section D (Surface Disposal)

FACILITY NAME: B & J

VPDES PERMIT NUMBER: VA 0027481

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Dana T. Raymons Jr. Superintendent

Signature [Signature] Date Signed 5/14/08

Telephone number 540-989-8653

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

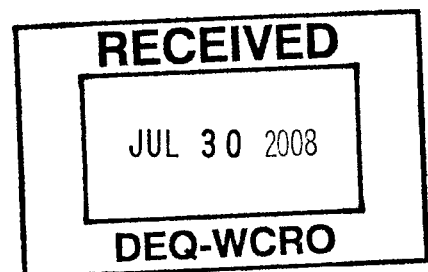
[Signature]
E. H. Lester

Managing Partner

For corrections and amendments 6/10/2008 &
7/29/2008

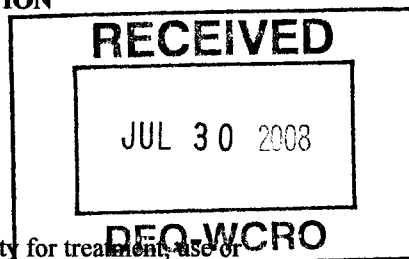
[Signature]

Managing Partner



FACILITY NAME: _____

VPDES PERMIT NUMBER: _____

**SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION
OF A MATERIAL DERIVED FROM SEWAGE SLUDGE**

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.

Total dry metric tons per 365-day period generated at your facility: 0.05 dry metric tons

NA

Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.

- a. Facility name:
- b. Contact Person:
Title:
Phone ()
- c. Mailing address:
Street or P.O. Box:
City or Town: _____ State: _____ Zip: _____
- d. Facility Address:
(not P.O. Box)
- e. Total dry metric tons per 365-day period received from this facility: 0 dry metric tons
- f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:

3. Treatment Provided at Your Facility.

- a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
___ Class A ___ Class B ☒ Neither or unknown
- b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: Extended Aeration, post chlorination, dechlorination
- c. Which vector attraction reduction option is met for the sewage sludge at your facility?
___ Option 1 (Minimum 38 percent reduction in volatile solids)
___ Option 2 (Anaerobic process, with bench-scale demonstration)
___ Option 3 (Aerobic process, with bench-scale demonstration)
___ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
___ Option 5 (Aerobic processes plus raised temperature)
___ Option 6 (Raise pH to 12 and retain at 11.5)
___ Option 7 (75 percent solids with no unstabilized solids)
___ Option 8 (90 percent solids with unstabilized solids)
☒ None or unknown
- d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge:
- e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above:

4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge).

(If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)

- a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:
0 dry metric tons
- b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?
___ Yes ☒ No

FACILITY NAME: B & J Enterprises, LC

VA 0027481
VPDES PERMIT NUMBER:

5. Sale or Give-Away in a Bag or Other Container for Application to the Land.
(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)

- a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: 0 dry metric tons
- b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

6. Shipment Off Site for Treatment or Blending.

(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

- a. Receiving facility name: WESTERN VIRGINIA WATER Authority
- b. Facility contact: JANIS Richardson
Title: Environmental Program Coordinator
Phone: (540) 853-1517
- c. Mailing address: 1502 Brownlee Ave. SE
Street or P.O. Box:
City or Town: Roanoke State: VA Zip: 24014
- d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: 0.05 dry metric tons
- e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:

Permit Number:
VPDES

Type of Permit:
VA 0025020

- f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? ☒ Yes ☐ No
Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?
☒ Class A ☐ Class B ☐ Neither or unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge: Anerobic digestion, Lagoons

- g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? ☒ Yes ☐ No

Which vector attraction reduction option is met for the sewage sludge at the receiving facility?

- ☒ Option 1 (Minimum 38 percent reduction in volatile solids)
☐ Option 2 (Anaerobic process, with bench-scale demonstration)
☐ Option 3 (Aerobic process, with bench-scale demonstration)
☐ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
☐ Option 5 (Aerobic processes plus raised temperature)
☐ Option 6 (Raise pH to 12 and retain at 11.5)
☐ Option 7 (75 percent solids with no unstabilized solids)
☐ Option 8 (90 percent solids with unstabilized solids)
☐ None unknown

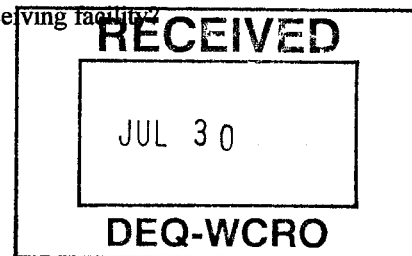
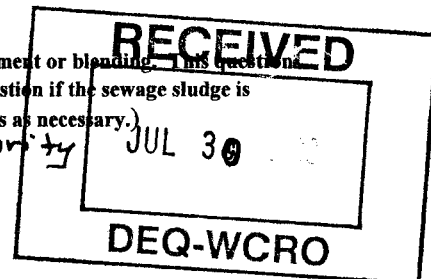
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge:

- h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?
☐ Yes ☒ No

If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:

- i. If you answered yes to f., g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.

None is provided.



FACILITY NAME: B&J

VPDES PERMIT NUMBER: VA0027481

- j. Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? Yes ☒ No

If yes, provide a copy of all labels or notices that accompany the product being sold or given away.

- k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? ☒ Yes ☐ No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.

Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported. Blockhouse - Elbert Valley, Mont.
Truck - 2.51 NM 581 - 20A Regional.
9:00 Am - 5:00 Pm

7. Land Application of Bulk Sewage Sludge.

(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

- a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites: dry metric tons

- b. Do you identify all land application sites in Section C of this application? Yes ☐ No ☐
If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).

- c. Are any land application sites located in States other than Virginia? Yes ☐ No ☐
If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

- d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

8. Surface Disposal.

(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: dry metric tons

- b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
Yes ☐ No ☐

If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.

- c. Site name or number:

- d. Contact person:

Title:

Phone: ()

Contact is: ☐ Site Owner ☐ Site operator

- e. Mailing address.

Street or P.O. Box:

City or Town: State: Zip:

- f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: dry metric tons

- g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:

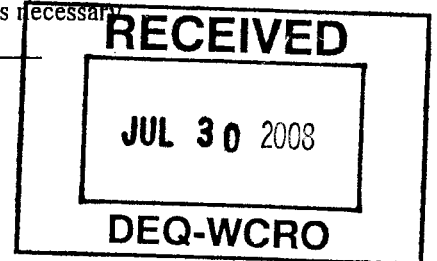
Permit Number:

Type of Permit:

Incineration.

(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: 0 dry metric tons



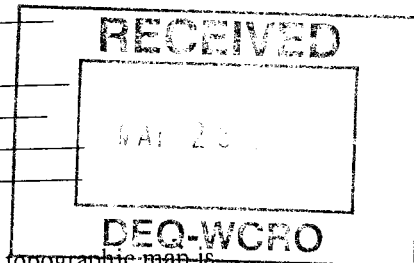
FACILITY NAME: _____ VPDES PERMIT NUMBER: _____

SECTION C. LAND APPLICATION OF BULK SEWAGE SLUDGE

Complete this section for sewage sludge that is land applied unless any of the following conditions apply:
The sewage sludge meets the Table 1 ceiling concentrations, the Table 3 pollutant concentrations, Class A pathogen requirements and one of the vector attraction reduction options 1-8 (fill out B.4 instead) (EQ Sludge); or
The sewage sludge is sold or given away in a bag or other container for application to the land (fill out B.5 instead); or
You provide the sewage sludge to another facility for treatment or blending (fill out B.6 instead).
Complete Section C for every site on which the sewage sludge that you reported in B.7 is land applied.

1. Identification of Land Application Site.

- a. Site name or number: _____
- b. Site location (Complete i and ii)
- i. Street or Route#: _____
- County: _____ State: _____ Zip: _____
- City or Town: _____
- ii. Latitude: _____ Longitude: _____
- Method of latitude/longitude determination _____
- _____ USGS map _____ Filed survey _____ Other _____
- c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.



2. Owner Information.

- a. Are you the owner of this land application site? ☐ Yes ☐ No
- b. If no, provide the following information about the owner:
- Name: _____
- Street or P.O. Box: _____
- City or Town: _____ State: _____ Zip: _____
- Phone: () _____

3. Applier Information:

- a. Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site? ☐ Yes ☐ No
- b. If no, provide the following information for the person who applies the sewage sludge:
- Name: _____
- Street or P.O. Box: _____
- City or Town: _____ State: _____ Zip: _____
- Phone: () _____
- c. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the person who applies sewage sludge to this land application site:
- | Permit Number: | Type of Permit: |
|----------------|-----------------|
| _____ | _____ |
| _____ | _____ |

4. Site Type. Identify the type of land application site from among the following:

☐ Agricultural land ☐ Reclamation site ☐ Forest

☐ Public contact site ☐ Other. Describe _____

5. Vector Attraction Reduction.

Are any vector attraction reduction requirements met when sewage sludge is applied to the land application site?
☐ Yes ☐ No If yes, answer a and b.

- a. Indicate which vector attraction reduction option is met:
- ☐ Option 9 (Injection below land surface)
- ☐ Option 10 (Incorporation into soil within 6 hours)
- b. Describe, on this form or on another sheet of paper, any treatment processes used at the land application site to reduce the vector attraction properties of sewage sludge:
- _____
- _____

FACILITY NAME: _____

VPDES PERMIT NUMBER: _____

8. Storage Requirements.

Existing and proposed sludge storage facilities must provide an estimated annual sludge balance on a monthly basis incorporating such factors as storage capacity, sludge production and land application schedule. Include pertinent calculations justifying storage requirements.

Proposed sludge storage facilities must also provide the following information:

- a. A sludge storage site layout on a 7.5 minute topographic quadrangle or other appropriate scaled map to show the following topographic features of the surrounding landscape to a distance of 0.25 mile. Clearly mark the property line.

- 1) Water wells, abandoned or operating
- 2) Surface waters
- 3) Springs
- 4) Public water supply(s)
- 5) Sinkholes
- 6) Underground and/or surface mines
- 7) Mine pool (or other) surface water discharge points
- 8) Mining spoil piles and mine dumps
- 9) Quarry(s)
- 10) Sand and gravel pits
- 11) Gas and oil wells
- 12) Diversion ditch(s)
- 13) Agricultural drainage ditch(s)
- 14) Occupied dwellings, including industrial and commercial establishments
- 15) Landfills or dumps
- 16) Other unlined impoundments
- 17) Septic tanks and drainfields
- 18) Injection wells
- 19) Rock outcrops

- b. A topographic map of sufficient detail to clearly show the following information:

- 1) Maximum and minimum percent slopes
- 2) Depressions on the site that may collect water
- 3) Drainageways that may attribute to rainfall run-on to or runoff from this site
- 4) Portions of the site (if any) which are located with the 100-year floodplain and how the storage facility will be protected from flooding

- c. Data and specifications for the storage facility lining material.

- d. Plan and cross-sectional views of the storage facility.

- e. Depth from the bottom of the storage facility to the seasonal high water table and separation distance to the permanent water table.

9. Land Area Requirements. Provide calculations justifying the land area requirements for land application of sewage sludge taking into consideration average soil productivity group, crop(s) to be grown and most limiting factor(s) of the sewage sludge, specifically Plant Available Nitrogen (PAN), Calcium Carbonate Equivalence (CCE), and metal loadings (CPLR sewage sludge only), where applicable. Relate PAN, CCE, and metal loadings to demonstrate the most limiting factor for land application.

10. Landowner Agreement Forms. Provide a properly completed Sewage Sludge Application Agreement Form (attached) for each landowner if sewage sludge is to be applied onto land not owned by the applicant.

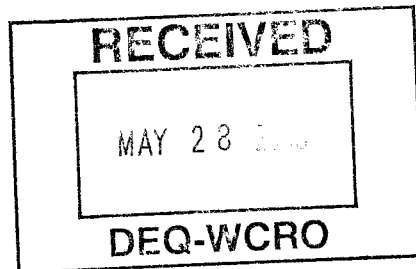
11. Ground Water Monitoring.

Are any ground water monitoring data available for this land application site? ☐ Yes ☐ No

If yes, submit the ground water monitoring data with this permit application. Also submit a written description of the well locations, approximate depth to ground water, and the ground water monitoring procedures used to obtain these data.

2. Land Application Site Information.

(Complete Items a-d for sites receiving infrequent application - land application of sewage sludge up to the agronomic rate at a frequency of once in a 3 year period; complete Items a-h for sites receiving frequent application - land application of sewage sludge in excess of 70% the agronomic rate at a frequency greater than once in a 3 year period)

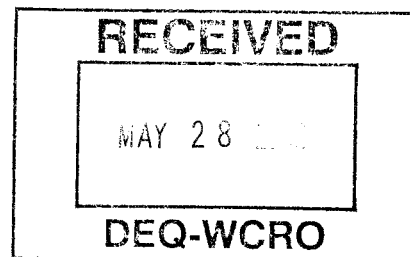


FACILITY NAME: _____

VPDES PERMIT NUMBER: _____

- f. Collect and analyze soil samples from each field, weighted to best represent each of the soil borings performed for Item e. Using the table below or a separate attachment, provide at least one analysis per sample for each of the following parameters.

| | |
|-------------------------------------|-------|
| Soil Organic Matter (%) | _____ |
| Soil pH (std. units) | _____ |
| Cation Exchange Capacity (meq/100g) | _____ |
| Total Nitrogen (ppm) | _____ |
| Organic Nitrogen (ppm) | _____ |
| Ammonia Nitrogen (ppm) | _____ |
| Nitrate Nitrogen (ppm) | _____ |
| Available Phosphorus (ppm) | _____ |
| Exchangeable Potassium (mg/100g) | _____ |
| Exchangeable Sodium (mg/100g) | _____ |
| Exchangeable Calcium (mg/100g) | _____ |
| Exchangeable Magnesium (mg/100g) | _____ |
| Arsenic (ppm) | _____ |
| Cadmium (ppm) | _____ |
| Copper (ppm) | _____ |
| Lead (ppm) | _____ |
| Mercury (ppm) | _____ |
| Molybdenum (ppm) | _____ |
| Nickel (ppm) | _____ |
| Selenium (ppm) | _____ |
| Zinc (ppm) | _____ |
| Manganese (ppm) | _____ |
| Particle Size Analysis or | _____ |
| USDA Textural Estimate (%) | _____ |



- g. Relate the crop nutrient needs to anticipated yields, soil productivity rating and the various fertilizer or nutrient sources from sludge and chemical fertilizers. Describe any specialized agronomic management practices which may be required as a result of high soil pH. If the sludge is expected to possess an unusually high CCE or other unusual properties, provide a description of any plant tissue testing, supplemental fertilization or intensive agronomic management practices which may be necessary.
- h. Using a narrative format and referencing any related charts, describe the proposed cropping system. Show how the crop rotation and management will be coordinated with the design of the land application system. Include any supplemental fertilization program, soil testing and the coordination of tillage practices, planting and harvesting schedules and timing of land application.

SECTION D. SURFACE DISPOSAL

Complete this section only if you own or operate a surface disposal site. Provide the information for each active sewage sludge unit.

1. Information on Active Sewage Sludge Units.

a. Unit name or number: _____

b. Unit location

i. Street or Route#: _____

County: _____

City or Town: _____ State: _____ Zip: _____

ii. Latitude: _____ Longitude: _____

Method of latitude/longitude determination

_____ USGS map

_____ Filed survey

_____ Other

c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.

d. Total dry metric tons of sewage sludge placed on the active sewage sludge unit per 365-day period: _____ dry metric tons.

e. Total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit: _____ dry metric tons.

f. Does the active sewage sludge unit have a liner with a minimum hydraulic conductivity of 1×10^{-7} cm/sec? ☐ Yes ☐ No If yes, describe the liner or attach a description.

g. Does the active sewage sludge unit have a leachate collection system? ☐ Yes ☐ No

If yes, describe the leachate collection system or attach a description. Also, describe the method used for leachate disposal and provide the numbers of any federal, state or local permits for leachate disposal:

h. If you answered no to either f or g, answer the following:

Is the boundary of the active sewage sludge unit less than 150 meters from the property line of the surface disposal site? ☐ Yes ☐ No If yes, provide the actual distance in meters: _____

i. Remaining capacity of active sewage sludge unit, in dry metric tons: _____ dry metric tons

Anticipated closure date for active sewage sludge unit, if known: _____ (MM/DD/YYYY)

Provide with this application a copy of any closure plan developed for this active sewage sludge unit.

2. Sewage Sludge from Other Facilities.

Is sewage sludge sent to this active sewage sludge unit from any facilities other than yours? ☐ Yes ☐ No

If yes, provide the following information for each such facility, attach additional sheets as necessary.

a. Facility name: _____

b. Facility contact: _____

Title: _____

Phone: () _____

c. Mailing address.

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

d. List, on this form or an attachment, the facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the facility's sewage sludge management practices:

Permit Number: _____

Type of Permit: _____

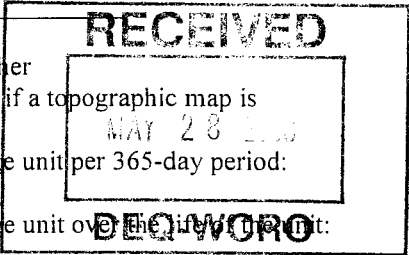
e. Which class of pathogen reduction is achieved before sewage sludge leaves the other facility?

☐ Class A

☐ Class B

☐ Neither or unknown

f. Describe, on this form or on another sheet of paper, any treatment processes used at the other facility to reduce pathogens in sewage sludge: _____



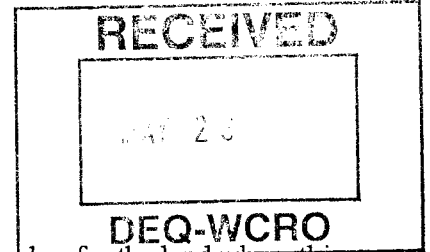
VPDES PERMIT APPLICATION ADDENDUM - SUPPLEMENTARY INFORMATION

A. General Information

1. Entity to whom the permit is to be issued: B & J ENTERPRISES, LLC
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.
DAINA T. REYNOLDS II. OPERATOR / SUPERINTENDENT
2. Classify the discharge as one of the following by checking the appropriate line:
☒ a. Existing discharge
☐ b. Proposed discharge
☐ c. Proposed expansion of an existing discharge

B. Location

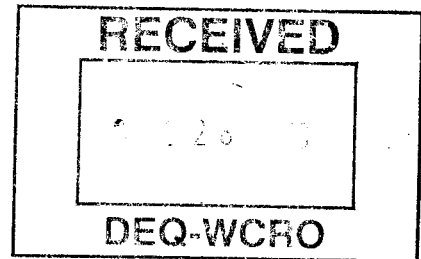
1. Is this facility located within city or town boundaries? Y ☒ N
2. (New Issuances & Modifications Only) What is the tax map parcel number for the land where this facility is located? N/A
3. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? 10
4. What is the total acreage of the property on which the treatment plant is located? 175 acres
5. Give the minimum elevation of the treatment plant site. 1475 feet AT OUTFALL
1480 AT PLANT
6. Flood elevations of the treatment plant site:
25 year flood 1471 feet
100 year flood 1473 feet
7. Attach to the back of this application a location map(s) which may be traced from or is/are a production of a U.S. Geological Survey topographic quadrangle(s) or other appropriately scaled contour map(s). The location map(s) shall show the following:
 - a. Treatment Plant
 - b. Discharge point
 - c. Receiving waters
 - d. Boundaries of the property on which the treatment plant is located, or to be located.
 - e. Distance from the treatment plant to the nearest: (Indicate "not applicable" for any distance greater than 2000 feet)
 - i. Residence
 - ii. Distribution line for potable water supply
 - iii. Reservoir, well, or other source of water supply
 - iv. Recreational area
 - f. Distance from the discharge point to the nearest: (Indicate "not applicable" for any distance greater than 15 miles)
 - i. Downstream community
 - ii. Upstream and downstream water intake points
 - iii. Shellfishing waters
 - iv. Wetlands area
 - v. Downstream impoundment
 - vi. Downstream recreational area



C. Discharge Description

1. Provide a brief description of the wastewater treatment scheme. Also, attach to the back of this application, a process flow diagram showing each process unit of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system.

Extended aeration with post chlorination and dechlorination.



2. What is the design average flow of this facility? 0.035 MGD
Industrial facilities: What is the max. 30-day avg. production level (include units)? NA
3. In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Y/N

If "Yes", please specify the other flow tiers (in MGD) or production levels: _____
Please consider: Is your facility's design flow considerably greater than your current flow? Do you plan to expand operations during the next five years?

4. Nature of operations generating wastewater:
Country Club w/ surrounding residences

____ % of flow from domestic connections/sources
Number of private residences to be served by the wastewater treatment facilities:
0 1-49 ☒ 50 or more

25 % of flow from non-domestic connections/sources

5. Mode of discharge: ☒ Continuous ☐ Intermittent ☐ Seasonal
Describe frequency and duration of intermittent or seasonal discharges:

6. Identify the characteristics of the receiving stream at the point just above the facility's discharge point:

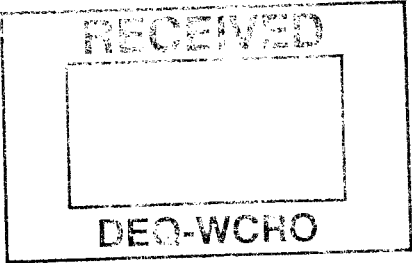
☒ Permanent stream, never dry
☐ Intermittent stream, usually flowing, sometimes dry
☐ Ephemeral stream, wet-weather flow, often dry
☐ Effluent-dependent stream, usually or always dry
☐ Lake or pond at or below the discharge point
☐ Other: _____

E. Anticipated Phasing Schedule for Plant Capacity - Proposed / Expanding Discharges

If this application is for a proposed or expanded discharge(s), complete the phasing schedule below beginning with the year in which construction completion is anticipated and progressing in increments of 5 years for 30 years thereafter.

Proposed Design Capacity: _____ MGD

Anticipated Date of Construction Completion: _____, _____
Month Year

| Years after Completion | Projected Flow (MGD) |
|------------------------|--|
| 0 |  |
| 5 | |
| 10 | |
| 15 | |
| 20 | |
| 25 | |
| 30 | |

F. Interim Facilities

Are the wastewater treatment facilities interim? (designed for a useful life of less than 5 years)

_____ Yes ☒ No

If so, provide the estimated date to be discontinued (month, year) _____, and the name and location of the intended replacement facility.

Name / Location

PUBLIC NOTICE BILLING INFORMATION FORM

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in accordance with 9 VAC 25-31-290.C.2:

Agent/Department to be billed: B & J Enterprises, LC.



Owner: E.H. Lester & W.H. Lester

Applicant's Address: 3807 BRAVOON AVE., S.W.
Suite 245
Roanoke, VA 24018

Agent's Telephone No: 540-989-3653

Authorizing Agent:


Signature

DAINA T. RHYNOVOS #.
Printed Name

SUPERINTENDENT
Title

Facility Name:
Permit No.

Blacksburg County Club WWTP
VA0027481

Please return to:

Becky L. France
Department of Environmental Quality
3019 Peters Creek Road
Roanoke, VA 24019
Fax No. (540) 562-6860

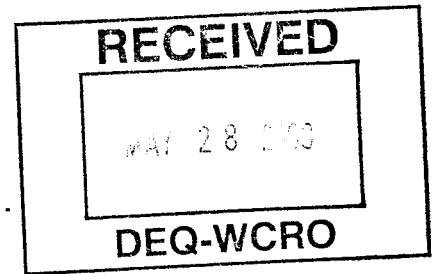
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Agent/Department to be billed: B & J Enterprises, LC.

Owner: E.A. Lester & W.H. Lester

Applicant's Address: 3807 BRAVON AVE., S.W.
Suite 245-
Roanoke, VA 24018



Agent's Telephone No: 540-989-3653

Authorizing Agent:

[Signature]
Signature

DAINA T. RHYNOLOS II.
Printed Name

SUBMITTANT
Title

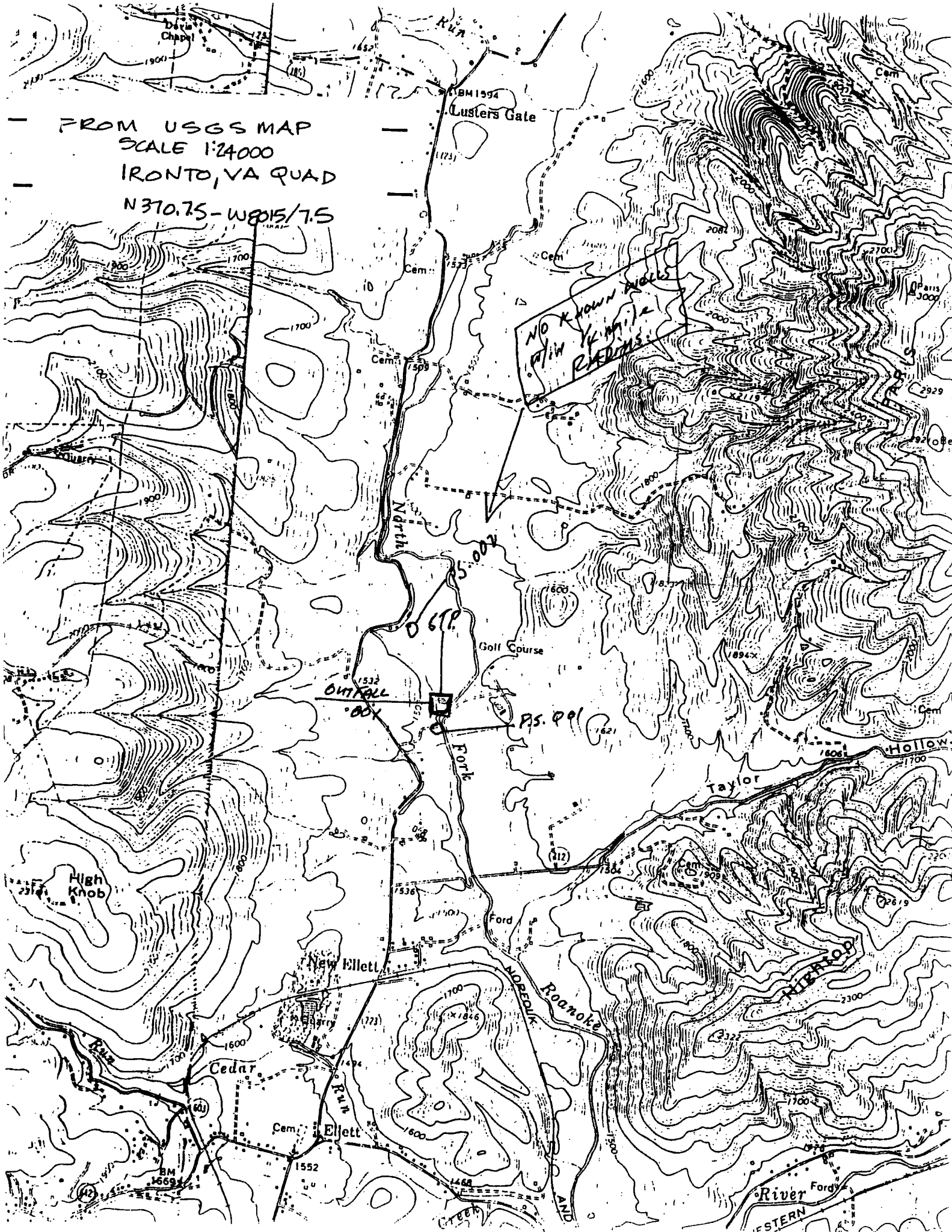
Facility Name:

Permit No.

Blacksburg Country Club WWTP
VA0027481

Please return to:

Becky L. France
Department of Environmental Quality
3019 Peters Creek Road
Roanoke, VA 24019
Fax No. (540) 562-6860



FROM USGS MAP
SCALE 1:24000
IRONTO, VA QUAD
N370.75-W8015/7.5

NO KNOWN WELLS
WITHIN 1/4 MILE
RADIUS

OUTFALL
001

PS. 991

High Knob

New Ellett

Cedar

Ellett

Roanoke

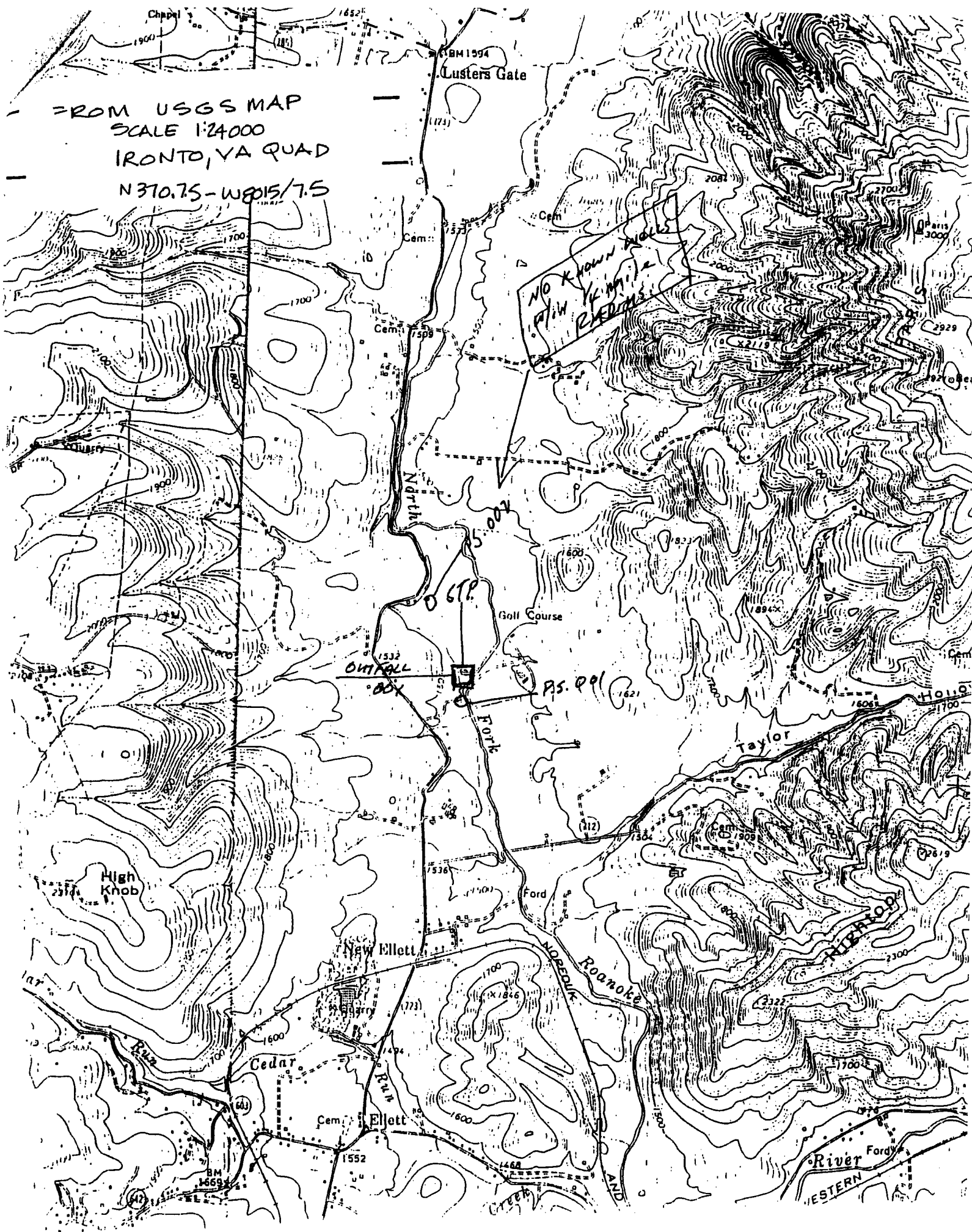
Taylor

Hollow

River Ford

ESTERN





FROM USGS MAP
SCALE 1:24000
IRONTO, VA QUAD
N370.75-W8015/7.5

NO KNOWN AVIATION
REMAINS

Clusters Gate

Golf Course

OUTFALL

P.S. 991

Fork

Taylor

High Knob

New Ellett

Cedar

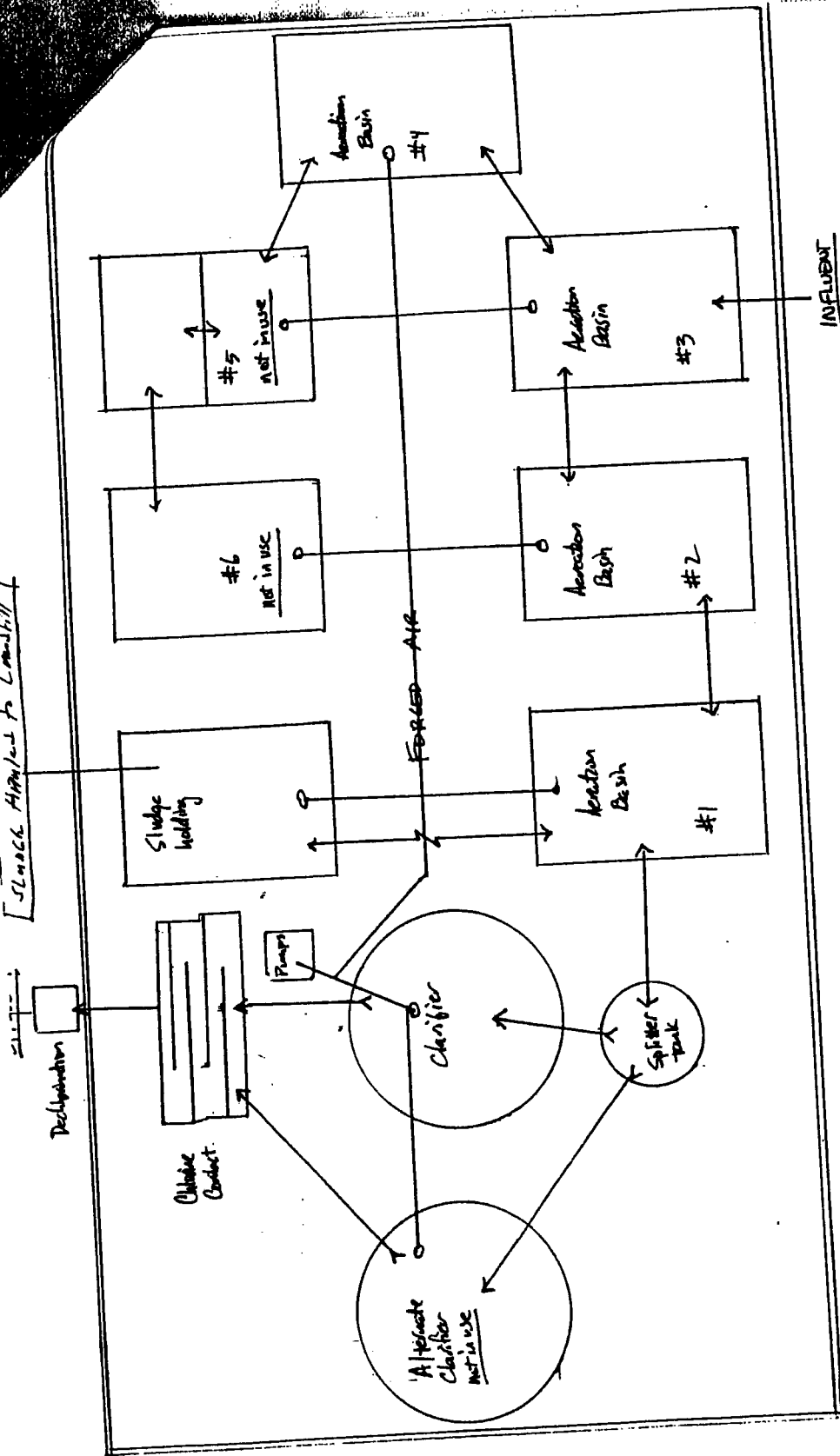
Ellett

Roanoke

River Ford

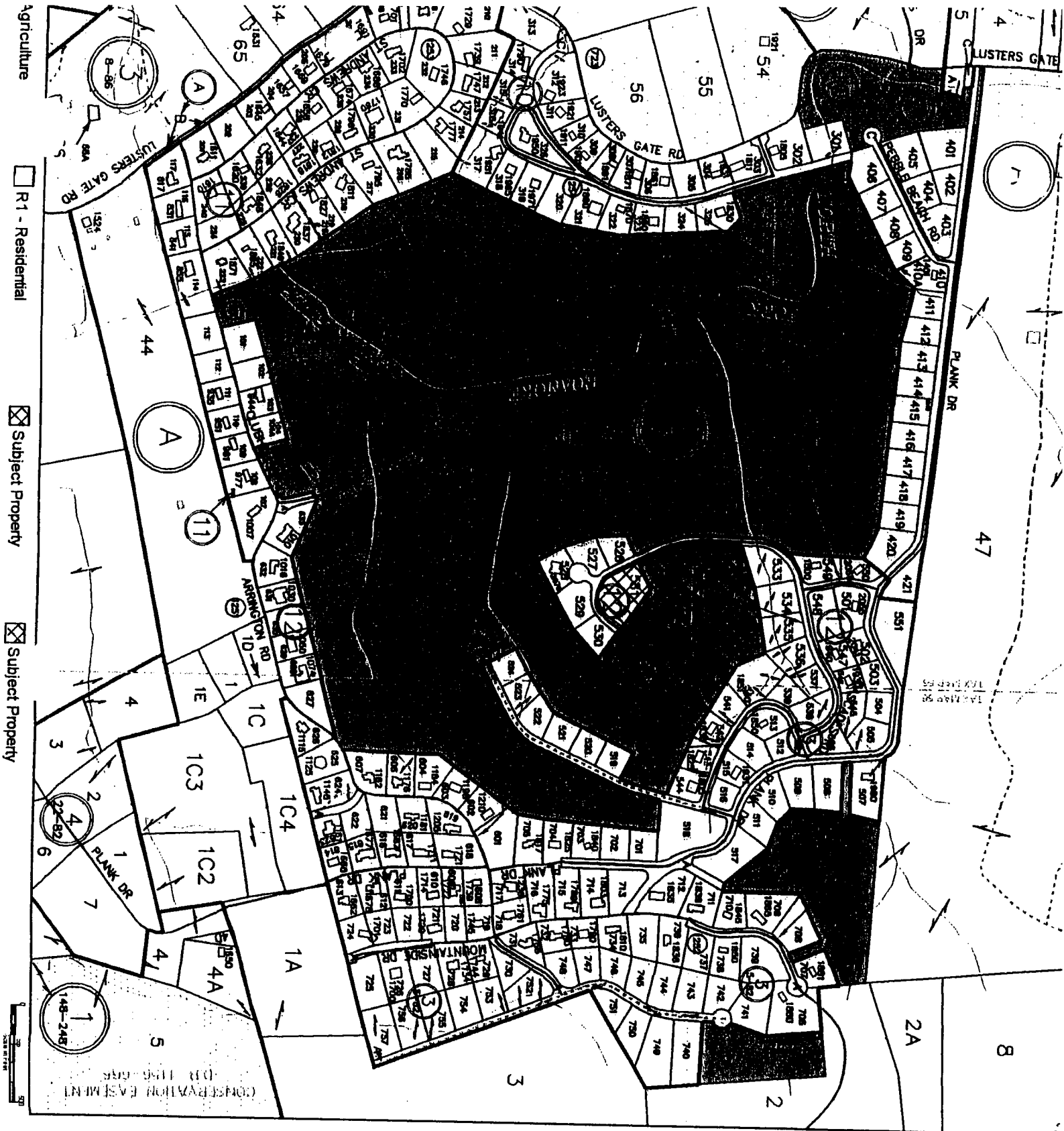
WESTERN

[Sludge Handling to Landfill]



1997
OPERATIONS DIAGRAM
Blacksburg Community Sewerage Treatment Plant.

RECEIVED



Commonwealth of Virginia



STATE CORPORATION COMMISSION

Richmond, October 3, 1995

This is to Certify that the certificate of organization of

B & J ENTERPRISES, L.C. ID: S-10611

*was this day issued and admitted to record in this office and
that the said limited liability company is authorized
transact its business subject to all the laws of the State
applicable to the company and its business.*



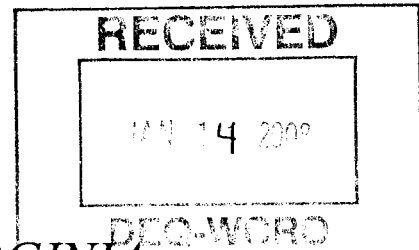
State Corporation Commission

William J. Bridge

Clerk of the Commission



BLP



COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

Street address: 629 East Main Street, Richmond, Virginia 23219

Mailing address: P.O. Box 1105, Richmond, Virginia 23218

Fax (804) 698-4500 TDD (804) 698-4021

www.deq.virginia.gov

L. Preston Bryant, Jr.
Secretary of Natural Resources

David K. Paylor
Director

(804) 698-4000
1-800-592-5482

January 10, 2008

Mr. Daina Trimble Reynolds
B&J Enterprises, L.C.
3807 Brandon Avenue SW, Suite 245
Roanoke, VA 24018

RE: Financial Capability for Blacksburg Country Club STP
VPDES Permit VA0027481

Dear Mr. Reynolds:

The Virginia Department of Environmental Quality (the Department) has reviewed the Certificate of Deposit you submitted to the Department to demonstrate your annually required increment of financial capability for privately owned sewerage systems owned and/or operated in the Commonwealth of Virginia. This document has been prepared in accordance with 9 VAC 25-650, Closure Plans and Demonstration of Financial Capability (the Regulation).

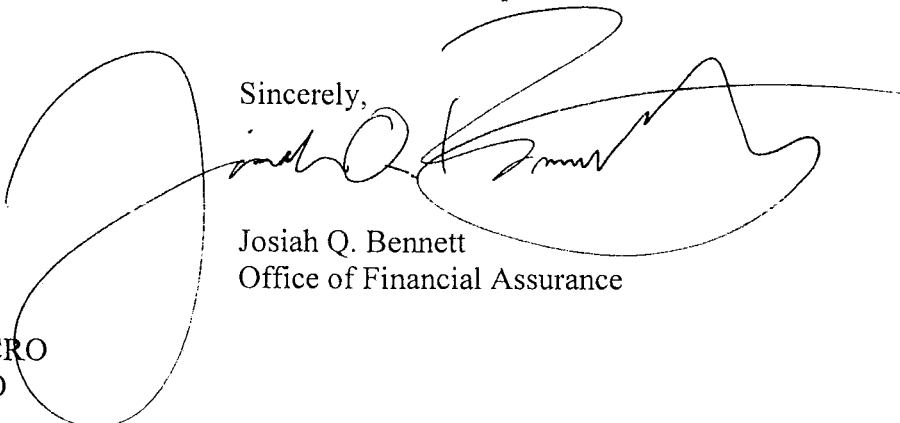
Please note that the obligation to update your financial assurance mechanism is an annual one. The Regulation requires an owner/operator to update the cost estimate annually for inflation within sixty days prior to the anniversary date of the mechanism. Your anniversary date is **November 7**. The cost estimate must be adjusted for inflation no later than **September 7, 2008**. The cost estimate is adjusted by multiplying the current cost estimate by the current year's inflation factor. You may call the Office of Financial Assurance at 804-698-4205 sixty days prior to the effective date to obtain the inflation factor.

\$26,445 x 2008 inflation factor = 2008 Adjusted Cost Estimate

I will contact you 60 days prior to your anniversary date to inform you of the amount your next incremental funding submittal should be. You should then submit the appropriate documentation to the Department by November 7, 2008.

If you have any questions regarding the financial assurance requirements, please contact me at (804) 698-4205 (toll free in Virginia 800-592-5482 ext. 4205) or via email at jqbennett@deq.virginia.gov. Thank you for your time and cooperation in this matter.

Sincerely,



Josiah Q. Bennett
Office of Financial Assurance

c: Becky France DEQ/WCRO
Kip Foster DEQ/WCRO